

N. B.—In case of more than one child at a birth, a SEPARATE AND INDIVIDUAL REPORT MUST BE MADE FOR EACH, AND THE NUMBER OF EACH IN order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma
District of San Carlos
Town of _____
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 128
County Registrar No. _____
Local Registrar No. _____

2. Full name of child April Kidd (If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth 3 3 26
Month Day Year

8. FATHER
Full name Mallard Kidd
9. Residence (Usual place of abode) San Carlos
If non-resident, give place and state. Ariz
10. Color or race 4/4 Indian
11. Age at last birthday 26 (Years)

14. MOTHER
Full maiden name Blauche Noline
15. Residence (Usual place of abode) San Carlos
If non-resident, give place and state. Ariz
16. Color or race 4/4 Indian
17. Age at last birthday 38 (Years)

12. Birthplace (city or place) San Carlos
(State or country) Ariz
13. Occupation Common Laborer
Nature of industry _____

18. Birthplace (city or place) San Carlos
(State or country) Ariz
19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 P. m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature P. H. Sawyer M.D.
(Physician or midwife.)

Address San Carlos Ariz

Given name added from a supplemental report _____
Month, day, year _____ Filed _____, 19 _____
Local Registrar.

Registrar

Filed _____, 19 _____
County Registrar.

124-303-255